

Superior Court of California
County of Riverside
Family Law Default Judgment Coversheet

Petitioner's Information:

Name (cu'cr r gctu'qp'Rgvskqp):
Telephone Number:

Street Address:
City, State, Zip Code:

Respondent's Information:

Name (cu'cr r gctu'qp'Rgvskqp):
Telephone Number:

Street Address:
City, State, Zip Code:

What type of case did you file?

DIVORCE

LEGAL SEPARATION

Where is your case filed?

4175 Main Street, Riverside, CA 92501
880 N. State St., Hemet, CA 92543

46-200 Oasis St., Indio, CA 92201
265 N. Broadway, Blythe, CA 9222

Case Number:

Date of Marriage If go guke'Rct vpgt uj k' 'u'o g'cu'fkvgf 'lp'Rgvskqp-:

Date of Separation 'u'o g'cu'fkvgf 'lp'Rgvskqp-:

Date of Service of Summons/Petition:

Are there minor children from this marriage If go guke'Rct vpgt uj k'?

Yes

No

Please list your minor children from the relationship:

Name (First, Middle, Last):
Date of Birth (00/00/0000):

Name (First, Middle, Last):
Date of Birth (00/00/0000):

Name (First, Middle, Last):
Date of Birth (00/00/0000):

Name (First, Middle, Last):
Date of Birth (00/00/0000):

Custody/Visitation: Is there an existing Recommendation and Order After Mediation?

Yes

No

Do you have a court order for Child Support?

Yes

No

Do you have a court order for Spousal Support?

Yes

No

Is there a Domestic Violence Restraining Order in effect?

Yes

No

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER: _____ RESPONDENT: _____	
DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION <input type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> Final	CASE NUMBER: _____

1. I am the ☐ attorney for ☐ petitioner ☐ respondent in this matter.

2. ☐ Petitioner's ☐ respondent's *Preliminary Declaration of Disclosure* (form FL-140) and current* *Income and Expense Declaration* (form FL-150) were served on ☐ attorney for ☐ the other party
 by: ☐ personal service ☐ mail ☐ other (specify): _____
 on (date): _____

3. ☐ Petitioner's ☐ respondent's *Final Declaration of Disclosure* (form FL-140) and current *Income and Expense Declaration* (form FL-150) were served on ☐ attorney for ☐ the other party
 by: ☐ personal service ☐ mail ☐ other (specify): _____
 on (date): _____

4. ☐ Service of ☐ petitioner's ☐ respondent's ☐ preliminary ☐ final declaration of disclosure
☐ current income and expense declaration has been waived as follows:
 - a. ☐ The parties agreed to waive final declaration of disclosure requirements under Family Code section 2105(d). The waiver was filed on (date): _____
 - b. ☐ The party has failed to comply with disclosure requirements and the court granted the request for voluntary waiver of receipt under Family Code section 2107 on (date): _____
 - c. ☐ This is a default proceeding. Petitioner waives the final declaration disclosure requirements under Family Code section 2110.

* "Current" is defined as completed within the past three months providing no facts have changed. (Cal. Rules of Court, rule 5.128.)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME)



(SIGNATURE)

NOTE: File this document with the court.
Do not file a copy of the *Preliminary or Final Declaration of Disclosure* or any attachments to either declaration of disclosure with this document.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER: _____ RESPONDENT: _____	
REQUEST TO ENTER DEFAULT	
CASE NUMBER: _____	

1. **To the clerk:** Please enter the default of the respondent who has failed to respond to the petition.
2. A completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155) ☐ is attached ☐ is not attached.
 A completed *Property Declaration* (form FL-160) ☐ is attached ☐ is not attached
 because (check at least one of the following):
- (a) ☐ there have been no changes since the previous filing.
 - (b) ☐ the issues subject to disposition by the court in this proceeding are the subject of a written agreement.
 - (c) ☐ there are no issues of child, spousal, or partner support or attorney fees and costs subject to determination by the court.
 - (d) ☐ the petition does not request money, property, costs, or attorney fees. (Fam. Code, § 2330.5.)
 - (e) ☐ there are no issues of division of community property.
 - (f) ☐ this is an action to establish parental relationship.

Date:

 (TYPE OR PRINT NAME)


 (SIGNATURE OF [ATTORNEY FOR] PETITIONER)
3. **Declaration**

- a. ☐ No mailing is required because service was by publication or posting and the address of the respondent remains unknown.
- b. ☐ A copy of this *Request to Enter Default*, including any attachments and an envelope with sufficient postage, was provided to the court clerk, with the envelope addressed as follows (*address of the respondent's attorney or, if none, the respondent's last known address*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

 (TYPE OR PRINT NAME)


 (SIGNATURE OF DECLARANT)

<div style="text-align: center;">FOR COURT USE ONLY</div> <input type="checkbox"/> <i>Request to Enter Default</i> mailed to the respondent or the respondent's attorney on (date): _____ <input type="checkbox"/> Default entered as requested on (date): _____ <input type="checkbox"/> Default not entered. Reason: _____ <div style="text-align: right;">Clerk, by _____, Deputy</div>

CASE NAME (Last name, first name of each party):	CASE NUMBER:
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4. **Memorandum of costs**

a. ☐ Costs and disbursements are waived.

b. Costs and disbursements are listed as follows:

(1) ☐ Clerk's fees \$.....

(2) ☐ Process server's fees \$.....

(3) ☐ Other (specify): \$.....

..... \$.....

..... \$.....


..... \$.....

TOTAL \$.....

c. I am the attorney, agent, or party who claims these costs. To the best of my knowledge and belief, the foregoing items of cost are correct and have been necessarily incurred in this cause or proceeding.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____		_____
(TYPE OR PRINT NAME)		(SIGNATURE OF DECLARANT)

5. **Declaration of nonmilitary status.** The respondent is not in the military service of the United States as defined in section 511 et seq. of the Servicemembers Civil Relief Act (50 U.S.C. Appen. § 501 et seq.), and is not entitled to the benefits of such act.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____		_____
(TYPE OR PRINT NAME)		(SIGNATURE OF DECLARANT)

Attach copies of your pay stubs for last two months (black out social security numbers).

- American LegalNet, Inc.
www.FormsWorkflow.com

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$ _____	_____
b. Overtime (gross, before taxes)	\$ _____	_____
c. Commissions or bonuses	\$ _____	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$ _____	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage	\$ _____	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$ _____	_____
g. Pension/retirement fund payments	\$ _____	_____
h. Social security retirement (not SSI)	\$ _____	_____
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$ _____	_____
j. Unemployment compensation	\$ _____	_____
k. Workers' compensation	\$ _____	_____
l. Other (military BAQ, royalty payments, etc.) (specify):	\$ _____	_____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest	\$ _____	_____
b. Rental property income	\$ _____	_____
c. Trust income	\$ _____	_____
d. Other (specify):	\$ _____	_____

7. **Income from self-employment, after business expenses for all businesses.** \$ _____

I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify): _____

Number of years in this business (specify): _____

Name of business (specify): _____

Type of business (specify): _____

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): _____

9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): _____

10. **Deductions** Last month

a. Required union dues	\$ _____	_____
b. Required retirement payments (not social security, FICA, 401(k), or IRA)	\$ _____	_____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$ _____	_____
d. Child support that I pay for children from other relationships	\$ _____	_____
e. Spousal support that I pay by court order from a different marriage	\$ _____	_____
f. Partner support that I pay by court order from a different domestic partnership	\$ _____	_____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$ _____	_____

11. **Assets** Total

a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$ _____	_____
b. Stocks, bonds, and other assets I could easily sell	\$ _____	_____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$ _____	_____

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____
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12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

- | | |
|---|---|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____</p> <p style="padding-left: 20px;">If mortgage:</p> <p style="padding-left: 40px;">(a) average principal: \$ _____</p> <p style="padding-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) \$ _____</p> <p>(4) Maintenance and repair \$ _____</p> <p>b. Health-care costs not paid by insurance... \$ _____</p> <p>c. Child care \$ _____</p> <p>d. Groceries and household supplies. \$ _____</p> <p>e. Eating out. \$ _____</p> <p>f. Utilities (gas, electric, water, trash) \$ _____</p> <p>g. Telephone, cell phone, and e-mail \$ _____</p> | <p>h. Laundry and cleaning \$ _____</p> <p>i. Clothes \$ _____</p> <p>j. Education \$ _____</p> <p>k. Entertainment, gifts, and vacation. \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)... \$ _____</p> <p>n. Savings and investments. \$ _____</p> <p>o. Charitable contributions. \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here). . \$ _____</p> <p>q. Other (specify): \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a–q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p> |
|---|---|

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$ _____
- b. The source of this money was (specify): _____
- c. I still owe the following fees and costs to my attorney (specify total owed): \$ _____
- d. My attorney's hourly rate is (specify): \$ _____

I confirm this fee arrangement.

Date: _____

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

CHILD SUPPORT INFORMATION**(NOTE: Fill out this page only if your case involves child support.)****16. Number of children**

- a. I have (*specify number*): _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
(*If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.*)

17. Children's health-care expenses

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: _____
- c. Address of insurance company: _____
- d. The monthly cost for the **children's** health insurance is or would be (*specify*): \$ _____
(*Do not include the amount your employer pays.*)

18. Additional expenses for the children in this case

Amount per month

- a. Child care so I can work or get job training. \$ _____
- b. Children's health care not covered by insurance \$ _____
- c. Travel expenses for visitation \$ _____
- d. Children's educational or other special needs (*specify below*): \$ _____

19. Special hardships. I ask the court to consider the following special financial circumstances*(attach documentation of any item listed here, including court orders):*

Amount per month

For how many months?

- a. Extraordinary health expenses not included in 18b. \$ _____
- b. Major losses not covered by insurance (examples: fire, theft, other insured loss) \$ _____
- c. (1) Expenses for my minor children who are from other relationships and are living with me \$ _____
- (2) Names and ages of those children (*specify*): _____

(3) Child support I receive for those children. \$ _____

The expenses listed in a, b, and c create an extreme financial hardship because (*explain*):**20. Other information I want the court to know concerning support in my case (*specify*):**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
<input type="checkbox"/> PETITIONER'S <input type="checkbox"/> RESPONDENT'S <input type="checkbox"/> COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION <input type="checkbox"/> SEPARATE PROPERTY DECLARATION	
CASE NUMBER:	

INSTRUCTIONS

When this form is attached to the *Petition* or *Response*, values and your proposal regarding division need not be completed. Do not list community, including quasi-community, property with separate property on the same form. Quasi-community property must be so identified. For additional space, use *Continuation of Property Declaration* (form FL-161).

ITEM NO.	BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION	
					Award to:	
					PETITIONER	RESPONDENT
1. REAL ESTATE		\$	\$	\$	\$	\$
2. HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES						
3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.						
4. VEHICLES, BOATS, TRAILERS						

ITEM NO.	BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION	
					Award to: PETITIONER	RESPONDENT
5.	SAVINGS, CHECKING, CREDIT UNION, CASH	\$	\$	\$	\$	\$
6.	LIFE INSURANCE (CASH VALUE)					
7.	EQUIPMENT, MACHINERY, LIVESTOCK					
8.	STOCKS, BONDS, SECURED NOTES					
9.	RETIREMENT, PENSION, PROFIT-SHARING, ANNUITIES					
10.	ACCOUNTS RECEIVABLE, UNSECURED NOTES, TAX REFUNDS					
11.	PARTNERSHIPS, OTHER BUSINESS INTERESTS					
12.	OTHER ASSETS AND DEBTS					
13.	TOTAL FROM CONTINUATION SHEET					
14.	TOTALS					

15. ☐ A *Continuation of Property Declaration* (form FL-161) is attached and incorporated by reference.

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
<input type="checkbox"/> PETITIONER'S <input type="checkbox"/> RESPONDENT'S <input type="checkbox"/> COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION <input type="checkbox"/> SEPARATE PROPERTY DECLARATION	CASE NUMBER:

INSTRUCTIONS

When this form is attached to the *Petition* or *Response*, values and your proposal regarding division need not be completed. Do not list community, including quasi-community, property with separate property on the same form. Quasi-community property must be so identified. For additional space, use *Continuation of Property Declaration* (form FL-161).

ITEM NO.	BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION	
					Award to:	
					PETITIONER	RESPONDENT
1. REAL ESTATE		\$	\$	\$	\$	\$
2. HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES						
3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.						
4. VEHICLES, BOATS, TRAILERS						

ITEM NO.	BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION	
					Award to: PETITIONER	RESPONDENT
5.	SAVINGS, CHECKING, CREDIT UNION, CASH	\$	\$	\$	\$	\$
6.	LIFE INSURANCE (CASH VALUE)					
7.	EQUIPMENT, MACHINERY, LIVESTOCK					
8.	STOCKS, BONDS, SECURED NOTES					
9.	RETIREMENT, PENSION, PROFIT-SHARING, ANNUITIES					
10.	ACCOUNTS RECEIVABLE, UNSECURED NOTES, TAX REFUNDS					
11.	PARTNERSHIPS, OTHER BUSINESS INTERESTS					
12.	OTHER ASSETS AND DEBTS					
13.	TOTAL FROM CONTINUATION SHEET					
14.	TOTALS					

15. ☐ A *Continuation of Property Declaration* (form FL-161) is attached and incorporated by reference.

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):</div> <div>FAX NO. (Optional):</div> </div>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
<div style="text-align: center;"> DECLARATION FOR DEFAULT OR UNCONTESTED <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> LEGAL SEPARATION </div>	CASE NUMBER:

(NOTE: Items 1 through 12 apply to both dissolution and legal separation proceedings.)

1. I declare that if I appeared in court and were sworn, I would testify to the truth of the facts in this declaration.
2. I agree that my case will be proven by this declaration and that I will not appear before the court unless I am ordered by the court to do so.
3. All the information in the ☐ amended ☐ *Petition* ☐ *Response* is true and correct.
4. **Type of case** (check a, b, or c):
 - a. ☐ **Default without agreement**
 - (1) No response has been filed and there is no written agreement or stipulated judgment between the parties;
 - (2) The default of the respondent was entered or is being requested, and I am not seeking any relief not requested in the petition; and
 - (3) The following statement is true (check one):
 - (A) ☐ There are no assets or debts to be disposed of by the court.
 - (B) ☐ The community and quasi-community assets and debts are listed on the **completed** current *Property Declaration* (form FL-160), which includes an estimate of the value of the assets and debts that I propose to be distributed to each party. The division in the proposed *Judgment* (form FL-180) is a fair and equal division of the property and debts, or if there is a negative estate, the debts are assigned fairly and equitably.
 - b. ☐ **Default with agreement**
 - (1) No response has been filed and the parties have agreed that the matter may proceed as a default matter without notice; and
 - (2) The parties have entered into a written agreement regarding their property and their marriage or domestic partnership rights, including support, the original of which is being or has been submitted to the court. I request that the court approve the agreement.
 - c. ☐ **Uncontested**
 - (1) Both parties have appeared in the case; and
 - (2) The parties have entered into a written agreement regarding their property and their marriage or domestic partnership rights, including support, the original of which is being or has been submitted to the court. I request that the court approve the agreement.
5. **Declaration of disclosure** (check a, b, or c):
 - a. ☐ Both the petitioner and respondent have filed, or are filing concurrently, a *Declaration Regarding Service of Declaration of Disclosure* (form FL-141) and an *Income and Expense Declaration* (form FL-150).
 - b. ☐ This matter is proceeding by default. I am the petitioner in this action and have filed a proof of service of the preliminary *Declaration of Disclosure* (form FL-140) with the court. I hereby waive receipt of the final *Declaration of Disclosure* (form FL-140) from the respondent.
 - c. ☐ This matter is proceeding as an uncontested action. Service of the final *Declaration of Disclosure* (form FL-140) is mutually waived by both parties. A waiver provision executed by both parties under penalty of perjury is contained on the *Stipulation and Waiver of Final Declaration of Disclosure* (form FL-144), in the settlement agreement or proposed judgment or another, separate stipulation.

PETITIONER:	CASE NUMBER:
RESPONDENT:	

6. ☐ **Child custody and visitation (parenting time)** should be ordered as set forth in the proposed *Judgment* (form FL-180).
- a. ☐ The information in *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (UCCJEA) (form FL-105) ☐ has ☐ has not changed since it was last filed with the court. *(If changed, attach updated form.)*
- b. ☐ There is an existing court order for custody/parenting time in another case in (county):
The case number is (specify):
- c. ☐ The current custody and visitation (parenting time) previously ordered in this case, or current schedule is (specify):
☐ Contained on Attachment 6c.
- d. ☐ Facts in support of requested judgment *(In a default case, state your reasons below):*
☐ Contained on Attachment 6d.
7. ☐ **Child support** should be ordered as set forth in the proposed *Judgment* (form FL-180).
- a. If there are minor children, check and complete item (1) if applicable and item (2) or (3):
- (1) ☐ Child support is being enforced in another case in (county):
The case number is (specify):
- (2) ☐ The information in the child support calculation attached to the proposed judgment is correct based on my personal knowledge.
- (3) ☐ I request that this order be based on the ☐ petitioner's ☐ respondent's earning ability. The facts in support of my estimate of earning ability are (specify):
☐ Continued on Attachment 7a(3).
- b. Complete items (1) and (2) regarding public assistance.
- (1) I ☐ am receiving ☐ am not receiving ☐ intend to apply for public assistance for the child or children listed in the proposed order.
- (2) To the best of my knowledge, the other party ☐ is ☐ is not receiving public assistance.
- c. ☐ The petitioner ☐ respondent is presently receiving public assistance, and all support should be made payable to the local child support agency at the address set forth in the proposed judgment. A representative of the local child support agency has signed the proposed judgment.
8. **Spousal, Partner, and Family Support** *(If a support order or attorney fees are requested, submit a completed Income and Expense Declaration (form FL-150) unless a current form is on file. Include your best estimate of the other party's income. Check at least one of the following.)*
- a. ☐ I knowingly give up forever any right to receive spousal or partner support.
- b. ☐ I ask the court to reserve jurisdiction to award spousal or partner support in the future to (name):
- c. ☐ I ask the court to terminate forever spousal or partner support for: ☐ petitioner ☐ respondent.
- d. ☐ Spousal support or domestic partner support should be ordered as set forth in the proposed *Judgment* (form FL-180) based on the factors described in:
☐ *Spousal or Partner Support Declaration Attachment* (form FL-157)
☐ written agreement
☐ attached declaration *(Attachment 8d.)*
- e. ☐ Family support should be ordered as set forth in the proposed *Judgment* (form FL-180).
- f. ☐ Other (specify):

PETITIONER:	CASE NUMBER:
RESPONDENT:	

9. ☐ **Parentage** of the children of the petitioner and respondent born prior to their marriage or domestic partnership should be ordered as set forth in the proposed *Judgment* (form FL-180).
- a. ☐ A Voluntary Declaration of Paternity is attached.
- b. ☐ Parentage was previously established by the court in (*county*):
The case number is (*specify*):
☐ Written agreement of the parties attached here or to the *Judgment* (form FL-180).
10. ☐ **Attorney fees** should be ordered as set forth in the proposed *Judgment* (form FL-180)
☐ facts in support in form FL-319
☐ other (*specify facts below*):
11. ☐ The judgment should be entered nunc pro tunc for the following reasons (*specify*):
12. ☐ The petitioner ☐ respondent requests restoration of his or her former name as set forth in the proposed *Judgment* (form FL-180).
13. There are irreconcilable differences that have led to the irremediable breakdown of the marriage or domestic partnership, and there is no possibility of saving the marriage or domestic partnership through counseling or other means.
14. This declaration may be reviewed by a commissioner sitting as a temporary judge, who may determine whether to grant this request or require my appearance under Family Code section 2336.

STATEMENTS IN THIS BOX APPLY ONLY TO DISSOLUTIONS

15. If this is a dissolution of marriage or of a domestic partnership created in another state, the petitioner and/or the respondent have been residents of this county for at least three months and of the state of California for at least six months continuously and immediately preceding the date of the filing of the petition for dissolution of marriage or domestic partnership.
16. I ask that the court grant the request for a judgment for dissolution of marriage or domestic partnership based on irreconcilable differences and that the court make the orders set forth in the proposed *Judgment* (form FL-180) submitted with this declaration.
17. ☐ This declaration is for the termination of **marital or domestic partner status only**. I ask the court to reserve jurisdiction over all issues whose determination is not requested in this declaration.

THIS STATEMENT APPLIES ONLY TO LEGAL SEPARATIONS

18. I ask that the court grant the request for a judgment for legal separation based on irreconcilable differences and that the court make the orders set forth in the proposed *Judgment* (form FL-180) submitted with this declaration.
- I understand that a judgment of legal separation does not terminate a marriage or domestic partnership and that I am still married or a partner in a domestic partnership.**

19. ☐ Other (*specify*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
MARRIAGE OR PARTNERSHIP OF PETITIONER: RESPONDENT:	
<div style="text-align: center;">JUDGMENT</div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> LEGAL SEPARATION <input type="checkbox"/> NULLITY </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Status only <input type="checkbox"/> Reserving jurisdiction over termination of marital or domestic partnership status <input type="checkbox"/> Judgment on reserved issues </div> Date marital or domestic partnership status ends:	CASE NUMBER:

1. ☐ This judgment ☐ contains personal conduct restraining orders ☐ modifies existing restraining orders.
 The restraining orders are contained on page(s) _____ of the attachment. They expire on (date): _____

2. This proceeding was heard as follows: ☐ Default or uncontested ☐ By declaration under Family Code section 2336
☐ Contested ☐ Agreement in court
 - a. Date: _____ Dept.: _____ Room: _____
☐ Temporary judge
 - b. Judicial officer (name): _____
 - c. ☐ Petitioner present in court ☐ Attorney present in court (name): _____
 - d. ☐ Respondent present in court ☐ Attorney present in court (name): _____
 - e. ☐ Claimant present in court (name): _____ ☐ Attorney present in court (name): _____
 - f. ☐ Other (specify name): _____

3. The court acquired jurisdiction of the respondent on (date): _____
 - a. ☐ The respondent was served with process.
 - b. ☐ The respondent appeared.

THE COURT ORDERS, GOOD CAUSE APPEARING

4. a. ☐ Judgment of dissolution is entered. Marital or domestic partnership status is terminated and the parties are restored to the status of single persons
 (1) ☐ on (specify date): _____
 (2) ☐ on a date to be determined on noticed motion of either party or on stipulation.
- b. ☐ Judgment of legal separation is entered.
- c. ☐ Judgment of nullity is entered. The parties are declared to be single persons on the ground of (specify): _____

- d. ☐ This judgment will be entered nunc pro tunc as of (date): _____
- e. ☐ Judgment on reserved issues.
- f. The ☐ petitioner's ☐ respondent's former name is restored to (specify): _____
- g. ☐ Jurisdiction is reserved over all other issues, and all present orders remain in effect except as provided below.
- h. ☐ This judgment contains provisions for child support or family support. Each party must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this judgment. The parents must notify the court of any change in the information submitted within 10 days of the change, by filing an updated form. The *Notice of Rights and Responsibilities—Health-Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

CASE NAME (Last name, first name of each party): _____	CASE NUMBER: _____
---	---------------------------

4. i. ☐ The children of this marriage or domestic partnership are:
- (1) ☐ Name _____ Birthdate _____
- (2) ☐ Parentage is established for children of this relationship born prior to the marriage or domestic partnership
- j. ☐ Child custody and visitation (parenting time) are ordered as set forth in the attached
- (1) ☐ Settlement agreement, stipulation for judgment, or other written agreement which contains the information required by Family Code section 3048(a).
- (2) ☐ *Child Custody and Visitation Order Attachment* (form FL-341).
- (3) ☐ *Stipulation and Order for Custody and/or Visitation of Children* (form FL-355).
- (4) ☐ Previously established in another case. Case number: _____ Court: _____
- k. ☐ Child support is ordered as set forth in the attached
- (1) ☐ Settlement agreement, stipulation for judgment, or other written agreement which contains the declarations required by Family Code section 4065(a).
- (2) ☐ *Child Support Information and Order Attachment* (form FL-342).
- (3) ☐ *Stipulation to Establish or Modify Child Support and Order* (form FL-350).
- (4) ☐ Previously established in another case. Case number: _____ Court: _____
- l. ☐ Spousal, domestic partner, or family support is ordered:
- (1) ☐ Reserved for future determination as relates to ☐ petitioner ☐ respondent
- (2) ☐ Jurisdiction terminated to order spousal or partner support to ☐ petitioner ☐ respondent
- (3) ☐ As set forth in the attached *Spousal, Partner, or Family Support Order Attachment* (form FL-343).
- (4) ☐ As set forth in the attached settlement agreement, stipulation for judgment, or other written agreement.
- (5) ☐ Other (specify): _____
- m. ☐ Property division is ordered as set forth in the attached
- (1) ☐ Settlement agreement, stipulation for judgment, or other written agreement.
- (2) ☐ *Property Order Attachment to Judgment* (form FL-345).
- (3) ☐ Other (specify): _____
- n. ☐ Attorney fees and costs are ordered as set forth in the attached
- (1) ☐ Settlement agreement, stipulation for judgment, or other written agreement.
- (2) ☐ *Attorney Fees and Costs Order* (form FL-346).
- (3) ☐ Other (specify): _____
- o. ☐ Other (specify): _____

Each attachment to this judgment is incorporated into this judgment, and the parties are ordered to comply with each attachment's provisions. Jurisdiction is reserved to make other orders necessary to carry out this judgment.

Date: _____

5. Number of pages attached: _____

JUDICIAL OFFICER
☐ SIGNATURE FOLLOWS LAST ATTACHMENT

NOTICE

Dissolution or legal separation may automatically cancel the rights of a spouse or domestic partner under the other spouse's or domestic partner's will, trust, retirement plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar property interest. It does not automatically cancel the rights of a spouse or domestic partner as beneficiary of the other spouse's or domestic partner's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions.

A debt or obligation may be assigned to one party as part of the dissolution of property and debts, but if that party does not pay the debt or obligation, the creditor may be able to collect from the other party.

An earnings assignment may be issued without additional proof if child, family, partner, or spousal support is ordered.

Any party required to pay support must pay interest on overdue amounts at the "legal rate," which is currently 10 percent.

PETITIONER: _____

CASE NUMBER: _____

RESPONDENT: _____

ADDENDUM TO JUDGMENT CUSTODY/VISITATION

☐ Primary and secondary physical custody of the minor child/ren shall be as follows:

Child's Name	Birth Date	Legal Custody to:	Primary Physical Custody to:

The other parent shall have the following secondary physical custody rights:

- ☐ Reasonable right of visitation as agreed between the parties.
- ☐ As contained in the Recommendation and Order After Mediation, consisting of _____ pages, which was filed on _____ and which is reproduced in its entirety herein.
- ☐ Other: _____
- _____
- _____
- _____

Pursuant to Family Code Section 3048 (a):

- (1) This Court exercises jurisdiction under Family Code Sections 3421-3424.*
- (2) Notice and opportunity to be heard were given under Family Code Section 3425*
- (3) A clear description of the custody and visitation rights of each party is set forth herein.*
- (4) Violation of the order may subject the party in violation to civil or criminal penalties, or both.*
- (5) The habitual residence of the child/ren is the United States of America.*

CHILD SUPPORT

☐ **CHILD SUPPORT PAYMENTS.** ☐ Petitioner ☐ Respondent shall pay to the other party as and for child support the sum of \$_____ per month due one-half on the first and one-half on the fifteenth day of each month commencing _____. The duty of support continues until each child has attained the age of 18 years and is no longer a full-time high school student, attains the age of 19 years, dies, marries, is emancipated, written agreement of the parties or further order of the court which ever first occurs. Support shall be allocated between the minor children as follows:

\$_____ for the support of the first (oldest) child; \$_____ for the support of the second child;

\$_____ for the support of the third child; \$_____ for the support of the fourth child.

☐ **RESERVED.** The issue of child support is reserved for later determination upon noticed motion.

☐ **RESERVED.** The Department of Child Support Services is collecting support for these children, so the court shall reserve Jurisdiction.

PETITIONER: _____

CASE NUMBER: _____

RESPONDENT: _____

ADDENDUM TO JUDGMENT

☐ **CONSOLIDATE:** That this case shall be consolidated with Case number _____. This case shall be the Master File

☐ **GUIDELINE CHILD SUPPORT FINDINGS.**

☐ Gross monthly incomes are as follows: Petitioner's \$ _____; Respondent's \$ _____.

Percentage of time each parent has primary responsibility for the children: Petitioner: ____% Respondent: ____%

☐ Petitioner ☐ Respondent is experiencing a statutory hardship of \$ _____ per month.

☐ Petitioner is paying: ☐ Medical Insurance: \$ _____ ☐ Union Dues: _____ ☐ Mandatory Pension \$ _____

☐ Respondent is paying: ☐ Medical Insurance: \$ _____ ☐ Union Dues: _____ ☐ Mandatory Pension \$ _____

The amount of child support payable by ☐ Petitioner ☐ Respondent as calculated under the guideline is \$ _____ per month.

☐ **WE AGREE TO NON-GUIDELINE CHILD SUPPORT AS FOLLOWS:** The Parties acknowledge that: (i.) they are fully informed of their rights concerning guideline child support; (ii) they have agreed to the child support provisions of this Agreement without coercion or duress; (iii) this Agreement is in the best interests of the child involved; (iv) the needs of the child will be adequately met by this agreed-upon child support; and they have not assigned the right to support to the county and no public assistance application is pending, except as set forth below.

☐ **ARREARS.** ☐ Petitioner ☐ Respondent owes to the other parent child support arrears in the principal sum of \$ _____ for the period of ____ / ____ / ____ to ____ / ____ / _____. These arrears shall be paid as follows:

MEDICAL/DENTAL/VISUAL INSURANCE.

As and for additional child support, ☐ Petitioner ☐ Respondent shall obtain and/or maintain for the minor child/ren medical, dental and visual insurance if available at reasonable cost through an employment or union affiliation.

Any health expenses not paid by insurance shall be shared: Petitioner 50 % and Respondent 50 %.

Any request for reimbursement of uncovered expenses must be made within 30 days of the date the expense is incurred and should be presented with a copy of the bill or receipt of payment. Payment should thereafter be made within 30 days of receipt of request.

PAYMENT OF SUPPORT

An Income Withholding Order for the above support shall issue.

☐ The right to support has been assigned to the county or a public assistance application is pending.

☐ The Department of Child Support Services approves of the forgoing support order.

Date: _____

Signature of DCSS Attorney: _____

PETITIONER: _____

CASE NUMBER: _____

RESPONDENT: _____

ADDENDUM TO JUDGMENT

The parties were married or registered as domestic partners on _____ and were separated on _____.

☐ There are no minor child/ren of the marriage/domestic partnership.

SPOUSAL/PARTNER SUPPORT

☐ **WAIVER.** ☐ Petitioner ☐ Respondent knowingly and intelligently waive(s) spousal/partner support forever. Jurisdiction shall be terminated over spousal/partner support. When a court has no jurisdiction over support, no support can be ordered regardless of the hardship that this might cause.

☐ **TERMINATION.** The court's jurisdiction to award spousal/partner support to the Respondent is terminated.

☐ **RESERVED.** The issue of spousal/partner support is reserved for later determination upon noticed motion.

☐ **SPOUSAL/PARTNER SUPPORT PAYMENTS.** ☐ Petitioner ☐ Respondent shall pay to the other Party for spousal/partner support, the sum of \$_____ per month, payable one-half on the first and one-half on the fifteenth day of each month commencing _____, and continuing until the earliest of (i) the death of Payor, (ii) the death of Payee, (iii) the remarriage of Payee, (iv) further order of the Court, or (v) the termination date of: _____.

***NOTICE:** It is the goal of the State of California that each party must make reasonable good faith efforts to become self-supporting as provided in Family Code § 4320. The failure to make reasonable good faith efforts may be one of the factors considered by the court as a basis for modifying or terminating spousal/partner support.*

PROPERTY DIVISION

☐ There are no property issues before the court, thus the court hereby terminates jurisdiction over property issues.

☐ **COMMUNITY PROPERTY AWARDED TO PETITIONER.** Petitioner is awarded as his/her share of community property the following: All furniture and furnishings in his/her possession except as otherwise listed.

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

☐ **COMMUNITY PROPERTY AWARDED TO RESPONDENT.** Respondent is awarded as his/her share of community property the following: All furniture and furnishings in his/her possession except as otherwise listed.

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

PETITIONER: _____

CASE NUMBER: _____

RESPONDENT: _____

ADDENDUM TO JUDGMENT

☐ **COMMUNITY DEBTS:** Each Party shall be responsible for paying any and all obligations secured by property awarded to that Party. Scheduled debts, liabilities, and obligations are to be paid as follows:

DEBTS TO PETITIONER. Petitioner shall pay and hold Respondent harmless from the following obligations:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

DEBTS TO RESPONDENT: Respondent shall pay and hold Petitioner harmless from the following obligations:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

☐ **SEPARATE PROPERTY OF PETITIONER.** The following is confirmed to Petitioner as his/her separate property:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

☐ **SEPARATE PROPERTY OF RESPONDENT.** The following is confirmed to Respondent as his/her separate property:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

OTHER ORDERS:

The Parties represent and agree that this is a full and final settlement of all issues presented in this matter, including division of all assets and debts specifically included on disclosures and filed in this matter, whether accounted for in this Judgment or not. The court shall retain jurisdiction to make rulings only on later-discovered assets and debts.

The parties hereby further agree that they shall execute any and all documents required to carry out the terms of this Judgment. In the event a party fails to execute documents required to transfer property, the aggrieved party may file an Order to Show Cause requesting that the Clerk of the Court be designated as Elisor to sign in place of the non-cooperative party in order to accomplish the required transfer(s).

PETITIONER: _____

CASE NUMBER: _____

RESPONDENT: _____

ADDENDUM TO JUDGMENT

☐ Petitioner ☐ Respondent, understanding that the distribution of assets and debts included herein may be unequal, hereby waives their right to an equal distribution.

☐ As and for an equalization of the distribution of Community Assets & Debts, ☐ Petitioner ☐ Respondent shall pay to ☐ Petitioner ☐ Respondent the sum of \$_____. Said sum shall be paid as follows:

☐ **MISCELLANEOUS ORDERS:**

This Judgment may be signed by a Court Commissioner as a Judge Pro Tem.

THE UNDERSIGNED PARTIES APPROVE AS TO FORM AND CONTENT:

Date:

Printed Name of Petitioner

Signature of Petitioner

Date:

Printed Name of Respondent

Signature of Respondent

☐ Respondent was not present, thus his/her signature is not required

THIS ADDENDUM TO JUDGMENT IS ORDERED INCORPORATED INTO AND MADE A PART OF THIS JUDGMENT AND THE PARTIES ARE ORDERED TO COMPLY WITH ALL OF THE EXECUTORY TERMS.

Judge/Commissioner

Date

PETITIONER: _____
RESPONDENT: _____

CASE NUMBER: _____

ADDENDUM TO JUDGMENT

- (If this is a Marital or Domestic Partnership Settlement Addendum, check one)
- ☐ This Addendum is NOT pursuant to a Default, and NEITHER party’s signature must be notarized.
- ☐ This Addendum IS pursuant to a Default, and the DEFAULTING PARTY’S signature must be notarized.

NOTARY

=====

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE

On _____ before me, (here insert name and title of the officer), personally appeared

_____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

=====

NOTICE OF RIGHTS AND RESPONSIBILITIES

Health-Care Costs and Reimbursement Procedures

IF YOU HAVE A CHILD SUPPORT ORDER THAT INCLUDES A PROVISION FOR THE REIMBURSEMENT OF A PORTION OF THE CHILD'S OR CHILDREN'S HEALTH-CARE COSTS AND THOSE COSTS ARE NOT PAID BY INSURANCE, THE LAW SAYS:

1. Notice. You must give the other parent an itemized statement of the charges that have been billed for any health-care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 30 days after those costs were given to you.

2. Proof of full payment. If you have already paid all of the uninsured costs, you must (1) give the other parent proof that you paid them and (2) ask for reimbursement for the other parent's court-ordered share of those costs.

3. Proof of partial payment. If you have paid only your share of the uninsured costs, you must (1) give the other parent proof that you paid your share, (2) ask that the other parent pay his or her share of the costs directly to the health-care provider, and (3) give the other parent the information necessary for that parent to be able to pay the bill.

4. Payment by notified parent. If you receive notice from a parent that an uninsured health-care cost has been incurred, you must pay your share of that cost within the time the court orders; or if the court has not specified a period of time, you must make payment (1) within 30 days from the time you were given notice of the amount due, (2) according to any payment schedule set by the health-care provider, (3) according to a schedule agreed to in writing by you and the other parent, or (4) according to a schedule adopted by the court.

5. Disputed charges. If you dispute a charge, you may file a motion in court to resolve the dispute, but only if you pay that charge before filing your motion.

If you claim that the other party has failed to reimburse you for a payment, or the other party has failed to make a payment to the provider after proper notice has been given, you may file a motion in court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable. The court may award attorney fees and costs against a party who has been unreasonable.

6. Court-ordered insurance coverage. If a parent provides health-care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health-care costs.

- a. **Burden to prove.** The party claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.
- b. **Cost of additional coverage.** If a parent purchases health-care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.

7. Preferred health providers. If the court-ordered coverage designates a preferred health-care provider, that provider must be used at all times consistent with the terms of the health insurance policy. When any party uses a health-care provider other than the preferred provider, any health-care costs that would have been paid by the preferred health provider if that provider had been used must be the sole responsibility of the party incurring those costs.

INFORMATION SHEET ON CHANGING A CHILD SUPPORT ORDER

General Information

The court has just made a child support order in your case. This order will remain the same unless a party to the action requests that the support be changed (modified). An order for child support can be modified only by filing a motion to change child support and serving each party involved in your case. If both parents and the local child support agency (if it is involved) agree on a new child support amount, you can complete, have all parties sign, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (form FL-350) or *Stipulation and Order (Governmental)* (form FL-625).

When a Child Support Order May Be Modified

The court takes several things into account when ordering the payment of child support. First, the number of children is considered. Next, the net incomes of both parents are determined, along with the percentage of time each parent has physical custody of the children. The court considers both parties' tax filing status and may consider hardships, such as a child of another relationship. An existing order for child support may be modified when the net income of one of the parents changes significantly, the parenting schedule changes significantly, or a new child is born.

Examples

- You have been ordered to pay \$500 per month in child support. You lose your job. You will continue to owe \$500 per month, plus 10 percent interest on any unpaid support, unless you file a motion to modify your child support to a lower amount and the court orders a reduction.
- You are currently receiving \$300 per month in child support from the other parent, whose net income has just increased substantially. You will continue to receive \$300 per month unless you file a motion to modify your child support to a higher amount and the court orders an increase.
- You are paying child support based upon having physical custody of your children 30 percent of the time. After several months it turns out that you actually have physical custody of the children 50 percent of the time. You may file a motion to modify child support to a lower amount.

How to Change a Child Support Order

To change a child support order, you must file papers with the court. *Remember:* You must follow the order you have now.

What forms do I need?

If you are asking to change a child support order open with the local child support agency, you must fill out one of these forms:

- FL-680, *Notice of Motion (Governmental)* **or** FL-683 *Order to Show Cause (Governmental)* **and**
- FL-684, *Request for Order and Supporting Declaration (Governmental)*

If you are asking to change a child support order that is **not** open with the local child support agency, you must fill out one of these forms:

- FL-301, *Notice of Motion* **or** FL-300, *Order to Show Cause* **and**
- FL-310, *Application for Order and Supporting Declaration* **or**
- FL-390, *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support*

You must also fill out one of these forms:

- FL-150, *Income and Expense Declaration* **or** FL-155, *Financial Statement (Simplified)*

What if I am not sure which forms to fill out?

Talk to the family law facilitator at your court.

After you fill out the forms, file them with the court clerk and ask for a hearing date. Write the hearing date on the form.

The clerk will ask you to pay a filing fee. If you cannot afford the fee, fill out these forms, too:

- Form FW-001, *Application for Waiver of Court Fees and Costs*
- Form FW-003, *Order on Application for Waiver of Court Fees and Costs*

You must serve the other parent. If the local child support agency is involved, serve it too.

This means someone 18 or over—**not you**—must serve the other parent copies of your filed court forms at least **16 court days** before the hearing. Add **5 calendar days** if you serve by mail within California (see Code of Civil Procedure section 1005 for other situations).

Court days are weekdays when the court is open for business (Monday through Friday except court holidays). **Calendar days** include all days of the month, including weekends and holidays. To determine court and calendar days, go to

www.courtinfo.ca.gov/selfhelp/courtcalendars/.

The server must also serve blank copies of these forms:

- FL-320, *Responsive Declaration to Order to Show Cause or Notice of Motion* **and** FL-150, *Income and Expense Declaration*, **or**
- FL-155, *Financial Statement (Simplified)*

Then the server fills out and signs a *Proof of Service* (form FL-330 or FL-335). Take this form to the clerk and file it.

Go to your hearing and ask the judge to change the support. Bring your tax returns from the last two years and your last two months' pay stubs. The judge will look at your information, listen to both parents, and make an order. After the hearing, fill out:

- FL-340, *Findings and Order After Hearing* **and**
- FL-342, *Child Support Information and Order Attachment*

Need help?

Contact the family law facilitator in your county or call your county's bar association and ask for an experienced family lawyer.

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (<i>Optional</i>):</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>E-MAIL ADDRESS (<i>Optional</i>):</div> <div></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>ATTORNEY FOR (<i>Name</i>):</div> <div></div> </div>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
NOTICE OF ENTRY OF JUDGMENT	CASE NUMBER:

You are notified that the following judgment was entered on (*date*):

1. ☐ Dissolution
2. ☐ Dissolution—status only
3. ☐ Dissolution—reserving jurisdiction over termination of marital status or domestic partnership
4. ☐ Legal separation
5. ☐ Nullity
6. ☐ Parent-child relationship
7. ☐ Judgment on reserved issues
8. ☐ Other (*specify*):

Date: _____ Clerk, by _____, Deputy

—NOTICE TO ATTORNEY OF RECORD OR PARTY WITHOUT ATTORNEY—

Under the provisions of Code of Civil Procedure section 1952, if no appeal is filed the court may order the exhibits destroyed or otherwise disposed of after 60 days from the expiration of the appeal time.

<p style="text-align: center;">STATEMENT IN THIS BOX APPLIES ONLY TO JUDGMENT OF DISSOLUTION</p> <p>Effective date of termination of marital or domestic partnership status (<i>specify</i>):</p> <p>WARNING: Neither party may remarry or enter into a new domestic partnership until the effective date of the termination of marital or domestic partnership status, as shown in this box.</p>

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the *Notice of Entry of Judgment* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the notice was mailed at (*place*): _____, California, on (*date*): _____

Date: _____ Clerk, by _____, Deputy

Name and address of petitioner or petitioner's attorney

Name and address of respondent or respondent's attorney

Instructions for filing

1. Fill out the form packet.
2. Make 3 copies - (You will have the Original, plus 3 more sets).
3. You will need 3 envelopes with sufficient postage (2 large envelopes, 1 small envelope). Address 1 large envelope to yourself, and the other large envelope to the Respondent. The small envelope is addressed to the Respondent only.
4. File – (give the original plus 2 copies to the Clerk, plus all envelopes). Keep the extra copy for yourself.
5. The Signed Judgment will be returned to you by mail. If you receive the Judgment back and it has been rejected, please visit the Family Law Facilitator for further instruction.